CENTERS FOR MEDICARE & MEDICAID SERVICES

Medicare and Your Mental Health Benefits

This official government booklet explains

- ★ mental health benefits,
- ★ who is eligible, and
- ★ how the Original Medicare Plan pays.

PUBS
RA
412
.3
M423
2005

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

RA
412.3
.M423
2005

Table of Contents

Introduction 2

How are mental health benefits paid for in the Original Medicare Plan? 2

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B) 3–5

What's covered? 3
What isn't covered? 4
What is partial hospitalization? 4
What will I have to pay? 5

Section 2: Inpatient Mental Health Care (Medicare Part A) 7–8

What's covered? 7
What will I have to pay? 7
What isn't covered? 8
What are my Medicare patient rights? 8
What are my Medicare appeal rights? 8
How can I get help to pay health care costs? 9

Words to Know 11–13

Where to Go For More Information 13

"Medicare and Your Mental Health Benefits" provides a summary of Medicare benefits. It isn't a legal document. The official Medicare program provisions are contained in relevant laws, regulations, and rulings.

Introduction

Mental health problems like depression or anxiety can come at any age and can happen to anyone. If you think you are having problems that are affecting your mental health, you can get help. Talk to your doctor if you

- feel sad, empty, or hopeless,
- have a lack of energy,
- have trouble concentrating,
- have difficulty sleeping,
- have little interest in things you used to enjoy, or
- have thoughts of ending your life.

Medicare covers outpatient and inpatient mental health care. Mental health care includes services and programs to help diagnose and treat mental health problems. These services and programs may be given in outpatient and inpatient settings. This booklet gives you information about mental health benefits in the Original Medicare Plan only. If you are in a Medicare Advantage Plan or other Medicare Health Plan, you will still get all your regular Medicare covered services. You should check your plan's membership materials and call the plan for details about mental health care.

How are mental health benefits paid for in the Original Medicare Plan?

If you have Medicare Part A, it will help cover mental health care given in a hospital. Medicare Part A covers your room, meals, nursing, and other related services and supplies.

If you have Medicare Part B, it will help pay for mental health services generally given outside a hospital, including visits with a doctor, clinical psychologist, or clinical social worker, and lab tests. Medicare Part B also covers partial hospitalization services if you need intensive coordinated outpatient care. See page 4 for more information about partial hospitalization services.

Words in red are defined on pages 11–13.

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)

I'm in the Original Medicare Plan and have Medicare Part B. My doctor says that I need outpatient mental health care. What's covered?

If you are in the Original Medicare Plan and have Medicare Part B, Medicare covers visits with these types of health professionals:

- a doctor,
- clinical psychologist,
- clinical social worker,
- clinical nurse specialist,
- nurse practitioner, and
- physician's assistant.

It's important to know that Medicare only pays for these services when they are given by a health care professional who can be paid by Medicare. You should ask your psychologist, social worker, or other health professional if they accept Medicare payment before you schedule an appointment.

Medicare Part B helps pay for outpatient mental health services, such as services that are usually given outside a hospital and those that are given in the hospital's outpatient department and don't require an overnight stay. These services may be given in a clinic, doctor's or therapist's office, or outpatient hospital department. Medicare will cover the following services:

- individual and group therapy with doctors or certain other licensed professionals allowed by the state to give these services,
- counseling for your family to help with your treatment,
- testing to help find out if you are getting the right services and how your treatment is helping you,
- occupational therapy that is part of your mental health treatment,
- prescription medicine that isn't usually self-administered,
- individual patient training and education for the treatment of your mental health problem, and
- diagnostic tests.

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)

What isn't covered?

Medicare doesn't cover the cost of:

- meals and transportation to or from mental health care services,
- support groups in non-medical settings that bring people with like problems together to talk and socialize,
- testing or training for job skills that isn't part of your mental health treatment, and
- prescription medicine that you can give yourself.*

What is partial hospitalization?

Partial hospitalization is a program structured to provide intensive psychiatric care through active treatment. It's usually more intense, takes longer, and is more involved than the care you get in your doctor's or therapist's office. This type of treatment is provided during the day and it doesn't require an overnight stay. These programs are given through hospital outpatient departments and local community mental health centers.

Your doctor or therapist may think that you could get help from a partial hospitalization program. Under certain conditions, Medicare helps pay for this kind of care. For a partial hospitalization program to be paid, a doctor must say that you would otherwise need inpatient treatment. To be covered, your doctor and the program must be able to be paid by Medicare.

Words in red are defined on pages 11–13.

* Starting January 1, 2006, Medicare will offer prescription drug plans to help you pay for the prescription drugs you need. For most people, coverage isn't automatic. To get this prescription drug coverage, most people with Medicare must choose and enroll in a plan that meets their needs. For more information call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. Or, visit www.medicare.gov on the web.

Section 1: Outpatient Mental Health Care and Professional Services (Medicare Part B)

What will I have to pay?

There are differences in how much you will have to pay for health professional and facility charges (like from the hospital outpatient department or clinic). You will have to pay 50% of the doctor and professional charges, after your yearly $110* Medicare Part B deductible in 2005. Medicare will send you a notice showing what you owe.

You will have to pay a copayment or a fixed coinsurance amount of 20% of the facility charges, like clinic visits and outpatient hospital services. This amount may vary depending on the service you get. Medicare Part B also covers doctor's and therapist's services while you are in a hospital. You will have to pay a copayment or a fixed coinsurance amount of 20% for the covered health professional services you get while you are in a hospital.

You could save some money if your doctor accepts assignment. For more information about assignment, call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy of "Does Your Doctor Accept Assignment?" TTY users should call 1-877-486-2048.

Note: If you have other health insurance coverage, be sure to tell your doctor or other health professional so your bills can be paid correctly.

See page 9 to find out if you qualify to get help to pay health care costs.

*This amount is for 2005, and may change on January 1 of each year.

Section 2: Inpatient Mental Health Care (Medicare Part A)

I'm in the Original Medicare Plan and have Medicare Part A. My doctor says that I need inpatient mental health care. What's covered?

Medicare inpatient mental health care are services given in a hospital and that require a hospital stay. These services can be given in a general hospital, or in a psychiatric hospital that cares only for people with mental health problems.

If you are in a psychiatric hospital, Medicare Part A only helps pay for up to 190 days of inpatient psychiatric hospital services care during your lifetime. There is no lifetime limit on inpatient care given in general hospitals. You may get care in general hospitals after you reach the 190 day lifetime limit in psychiatric hospitals.

Regardless of which type of hospital you choose, Medicare Part A helps pay for mental health services in the same way as it does for any other Medicare inpatient hospital care.

What will I have to pay?

Medicare measures your use of hospital services in benefit periods.

A benefit period begins the day you go into a hospital or skilled nursing facility for either physical or mental health care. The benefit period ends after you haven't received hospital or skilled nursing care for 60 days in a row. If you go into a hospital after 60 days, a new benefit period begins and you must pay a new inpatient hospital deductible which is $912*. There is no limit to the number of benefit periods you can have.

For each benefit period you pay

- a one time deductible of $912* for a hospital stay of up to 60 days.
- $228* per day for days 61–90 of a hospital stay.
- $456* per day for days 91–150 of a hospital stay. (See lifetime reserve days on page 7.)
- all costs beyond 150 days within the same benefit period.

Words in red are defined on pages 11–13.

Lifetime Reserve Days are the 60 days that Medicare will pay for when you are in a hospital for more than 90 days. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance of $456*.

*These amounts are for 2005, and may change on January 1 of each year.

Section 2: Inpatient Mental Health Care (Medicare Part A)

What isn't covered?

Medicare doesn't cover the cost of private duty nursing, a telephone or television in your room, or a private room, unless medically necessary. You are responsible for all hospital costs for each day beyond 150 days within the same benefit period.

What are my Medicare patient rights?

As a Medicare patient, you have certain guaranteed rights. You have them whether you are in the Original Medicare Plan, a Medicare Advantage Plan, or other Medicare Health Plan. These rights and protections are described in your "Medicare & You" handbook, and include the right to appeal any decision about your Medicare services.

If you don't have a copy of "Medicare & You," you can call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy. TTY users should call 1-877-486-2048.

What are my Medicare appeal rights?

You have the right to appeal any decision about your Medicare services. If Medicare doesn't pay for an item or service you have been given, or if you aren't given an item or service you think you should get, you can appeal. For more information about your Medicare appeal rights and what appeal steps you can take

- look at your "Medicare & You" handbook,
- call 1-800-MEDICARE (1-800-633-4227) and ask for a free copy of "Your Medicare Rights and Protections." TTY users should call 1-877-486-2048.
- look at www.medicare.gov on the web, or
- look on the back of your Medicare Summary Notice that is mailed to you from the company that handles bills for the Original Medicare Plan (Part A and/or Part B).

Words in red are defined on pages 11–13.

Section 2: Inpatient Mental Health Care (Medicare Part A)

How can I get help to pay health care costs?

If your income is limited, your state may help pay your Medicare costs, such as your premiums and deductibles. To qualify, your monthly income must be less than

$1,464 for a couple $1,097 for an individual

AND

your bank accounts, stocks, bonds or other resources must be worth less than

$6,000 for a couple $4,000 for an individual.

Income limits will change slightly every year. If you live in Alaska or Hawaii, income limits are slightly higher.

Individual states may have more generous income and/or resource requirements.

For more information, call your State Medical Assistance Office. Since the names of these programs may vary by state, ask for information on Medicare Savings Programs. It's very important to call if you think you qualify for any of these Medicare Savings Programs, even if you aren't sure. Visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) to get the telephone number for your state. TTY users should call 1-877-486-2048.

Words to Know

Active Treatment—Therapy designed specifically for you to help resolve or improve your condition.

Appeal—A special kind of complaint you make if you disagree with certain kinds of decisions made by Medicare or your health plan. You can appeal if you request a health care service, supply or prescription that you think you should be able to get, or you request payment for health care you already received, and Medicare or a health plan denies the request. You can also appeal if you are already receiving coverage and the plan stops paying. There is a specific process your Medicare Advantage Plan, other Medicare Health Plan, Medicare drug plan, or the Original Medicare plan must use when you ask for an appeal.

Assignment—In the Original Medicare Plan, a process in which a doctor or supplier agrees to accept the amount Medicare approves as full payment.

Benefit Period—The way that Medicare measures your use of hospital and skilled nursing facility (SNF) services. A benefit period begins the day you go to a hospital or SNF. The benefit period ends when you haven't received any hospital care (or skilled care in a SNF) for 60 days in a row. If you go into the hospital or SNF after one benefit period has ended, a new benefit period begins if you are in the Original Medicare Plan. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Benefits—The money or services provided by an insurance policy. In a health plan, benefits take the form of health care.

Coinsurance—The amount you may be required to pay for services after you pay any plan deductibles. In the Original Medicare Plan, this is a percentage (like 20%) of the Medicare-approved amount. You have to pay this amount after you pay the deductible for Part A and/or Part B.

Copayment—In some Medicare health plans and prescription drug plans, the amount you pay for each medical service, like a doctor visit, or prescription. A copayment is usually a set amount you pay. For example, this could be $10 or $20 for a doctor's visit or prescription. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Deductible—The amount you must pay for health care or prescriptions before the Original Medicare Plan, your prescription drug plan, or other insurance begins to pay. For example, in the Original Medicare Plan, you pay a new deductible for each benefit period for Part A, and each year for Part B. These amounts can change every year.

Inpatient Care—Health care that you get when you are admitted to a hospital.

Words to Know (continued)

Lifetime Reserve Days (Medicare)—In the Original Medicare Plan, 60 days that Medicare will pay for when you are in a hospital more than 90 days during a benefit period. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance ($456 in 2005).

Medicare Advantage Plan—A plan offered by a private company that contracts with Medicare to provide you with all your Medicare Part A and Part B benefits. In most cases, Medicare Advantage Plans also offer Medicare prescription drug coverage. A Medicare Advantage Plan can be an HMO, PPO, or a Private Fee-for-Service Plan.

Medicare Health Plan—A Medicare Advantage Plan (such as an HMO, PPO, or Private Fee-for-Service Plan) or other plan such as a Medicare Cost Plan. Everyone who has Medicare Part A and Part B is eligible for a plan in their area, except those who have End-Stage Renal Disease (unless certain exceptions apply).

Medicare Part A (Hospital Insurance)—The part of Medicare that covers inpatient hospital stays, skilled nursing facility care, home health care, and hospice care.

Medicare Part B (Medical Insurance)—The part of Medicare that covers doctors' services and outpatient hospital care. It also covers other medical services that Part A doesn't cover, like physical and occupational therapy.

Original Medicare Plan—A fee-for-service health plan that lets you go to any doctor, hospital, or other health care supplier who accepts Medicare and is accepting new Medicare patients. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). In some cases you may be charged more than the Medicare-approved amount. The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Outpatient Care—Medical or surgical care that doesn't include an overnight hospital stay.

Words to Know (continued)

Outpatient Hospital Services—Medical or surgical care that Medicare Part B helps pay for and doesn't include an overnight hospital stay. Outpatient hospital services include blood transfusions; certain drugs; hospital billed laboratory tests; mental health care; medical supplies such as splints and casts; emergency room or outpatient clinic, including same day surgery; and x-rays and other radiation services.

Partial Hospitalization—A structured program of active treatment for psychiatric care that is more intense than the care received in a doctor's or therapist's office.

Where to Go for More Information

For More Information About Medicare

Look at www.medicare.gov on the web

- Select "Find a Medicare Publication" for free Medicare booklets such as the "Medicare & You" handbook (CMS Pub. No. 10050).
- Select "Your Medicare Coverage" for information about Medicare supplies and services that are covered in the Original Medicare Plan.
- Select "Frequently Asked Questions" to get answers to common questions.

Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For More Information About Mental Health

Talk to your doctor or health care professional.

CMS LIBRARY
3 8095 00006411 9

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Official Business
Penalty for Private Use, $300

CMS Pub. No. 10184
Revised August 2005

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

To get this booklet in Spanish, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

¿Necesita usted una copia de esta guía en Español? Llame GRATIS al 1-800-MEDICARE (1-800-633-4227). Los usuarios de TTY deberán llamar al 1-877-486-2048.